

CUPE Local 3500 Award Application

This award consists of \$1,500.00 awarded annually to a son, daughter or other legal dependent of a CUPE Local 3500 member (or deceased member) who has held membership for at least two years. The Award is for a student entering or continuing at TRU or any other recognized post-secondary educational institution and attending a minimum of an eight month, full time course. It will be awarded on the basis of satisfactory academic standing, with preference given to a student demonstrating financial need. The fund will be issued in November. TRU Financial Aid and Awards Office is in charge of determining the recipient. The deadline for application is September 15.

Please mail to:

Thompson Rivers University
Attn: Financial Aid and Awards Office
PO Box 3010, Kamloops BC, V2C 5N3

Please print in ink:

Male
 Female
Program _____

S.I.N. _____
Student Number _____
Year 1__ 2__ 3__ 4__

Name in full _____
Surname _____ Given Names _____

Mailing Address _____

Postal Code _____ Telephone _____

Birth Date _____

CUPE member's name _____ Member since _____

Applicant's relationship to CUPE member _____

Secondary School Completion:

Name of school _____ Year _____

Location _____ School District No. _____

Educational Goal _____

Career Goal (if known) _____

Briefly describe your interests and hobbies, including involvement in student or community activities.

Personal/ Financial Data:

Marital Status: single married/Common law Separated/divorced/widowed

List dependents (name and age)

_____	_____
_____	_____
_____	_____

If living in parents' or relatives' home during current educational period, do you:
 have free room and board? pay room and board? rent a room or suite?

If not living in parents' or relatives' home, do you live in:
 own residence rental accommodation? student residence?

If you own your own home or are renting, do you:
 live on your own? live with spouse/common-law or children? live with friends?

What type of transportation do you use?
 public transit own vehicle family car car pool other

If you own or drive a car or motor vehicle indicate:

Make _____ Model _____ Year _____ Value _____
Date purchased _____ Amount owing _____ Annual insurance _____

Registered owner(s) _____

If spouse (including common-law) owns/drives a car or other motor vehicle, indicate:

Make _____ Model _____ Year _____ Value _____
Date purchased _____ Amount Owing _____ Annual insurance _____

If you are a single student, have not worked full time for two years, **OR** have been out of the secondary school system for less than four years, please complete:

Parent/ Guardian/ Sponsor _____

Occupation of head of household _____ Monthly income, after taxes, etc. _____
Occupation of spouse of head of household _____ Monthly income, after taxes, etc. _____

Dependent of parents (other than applicant)

Name	Age	School, college, or university
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are married or living common-law, please complete:

Spouse or partner _____ Occupation _____

Address (if different from student) _____

Do you or your spouse (including common-law) possess any liquid assets? (RRSP's, Bonds, Shares, Term Deposits, etc) yes no If yes, please specify types, current value, date acquired

If you are working part-time **other than** Work Study during current educational year, please complete the following:

Name of Employer: _____

Average hours worked per week _____ Average weekly take home pay _____

Part time works during current educational year starts _____ ends _____

If you have submitted a government student aid application for the current academic year, please complete:

Province applied to _____ Total amount awarded _____

If you **have not** applied for government student aid to any province, please give your reason(s):

Total student loans outstanding (including past and current, federal and provincial) _____

List all other types of financial assistance you have applied for or received in current educational year or pre-study:

Name of Organization and/or Award	Date applied	Amount Received
_____	_____	_____
_____	_____	_____

Please provide any additional information concerning your financial circumstances which you think will be helpful to the Selection Committee. Such information could improve your chances of obtaining this award.

Budget for Current Educational year- must cover full educational period for the current academic year; e.g. 8 months for most academic and career programs, 10 months for most Office Administration programs. For a variable length program, the educational period should be for the length of time the student expects to be in the program. For a Co-op Program, students should prepare a budget for the time they are in the institution during the current educational year- work terms are not to be included.

SINGLE STUDENTS- SHOW ONLY YOUR PORTION OF EXPENSE

STUDENTS WHO ARE MARRIED, COMMON-LAW OR SINGLE PARENTS- SHOW INCOME AND EXPENSES FOR ENTIRE FAMILY.

From (month/year) _____ To (month/year) _____ Program Name _____

Amounts shown must be for total number of months. Do not show expenses or resources on a monthly basis. Work to the nearest dollar.

EXPENSES

Tuition/fees _____
 Books/supplies _____
 Rent/Mortgage _____
 Food _____
 Utilities(hydro/gas/cable,etc) _____
 Insurances _____
 Loan Payments(car/visa,etc) _____
 Specify _____
 Transportation _____
 Child care _____
 Clothing _____
 Misc.(entertainment, etc) _____
 Other expenses _____

RESOURCES

Bank Balances (savings) _____
 Student loan/grant _____
 Scholarships _____
 Bursaries _____
 Part time income _____
 Spouse's income (after deductions) _____
 Family allowance _____
 Daycare assistance _____
 Social assistance _____
 Child Support _____
 Child tax credit/GST credit _____
 Parent/Family/Contributions _____
 Other resources _____

Total Expenses for educational period _____
Period _____

Total Resources for Ed. _____

Total expenses _____ less total resources _____ = _____ need.

I hereby certify that the foregoing information is, to the best of my knowledge, complete and correct and I authorize the release of my permanent student record for review by the Awards Selection Committee. I also authorize the Financial Aid and Awards office to release pertinent information to the donor, if so required.

I understand that if I fail to maintain satisfactory academic standing or do not complete the period of study for which I am applying for assistance, I may be required to repay all or a portion of any award I may be granted.

Date _____ Signature _____

